## please print Please ink only Albuquerque/Bernalillo County Library System Library Card Application

Full Name:		
Full Name: Last name	e first name	full middle name
Stre	et	Apt.
City	State	Zip code
Home phone: ( )	Business pho	one: ( )
Birthday://_	Driver's license/ID #	: State:
Please notify me of my or	verdues and holds by: (check of	one only)
□ e-mail address:		□ Phone □ USPS
and for all fees incurred in the use	of this card, up to and including the poinformation given is accurate and true	sed on this card with or without my consent, ssibility of the account being turned over to a to the best of my knowledge. I agree to
Cardholder's Signature:		Date:
Parent/Guardian:	Last First	Full middle name
Parent's current picture i	dentification #:	State:
above. I accept financial responsi	oility for materials checked out on this c bility of the account being turned over t	e materials checked out by the child named ard and for all fees incurred in the use of this to a collection agency. I agree to abide by
Signature of parent or guardian		Date:
<u> </u>	OFFICIAL USE ONI	7 Customer 8 Child 9 Youth
Expiration Date	SmartCard <sup>TM</sup>	10   Adult Limit
	Replace Smartcard <sup>TM</sup>	6 J Only

12 Non-res.

## Individual Computer Use and SmartCard™ Agreement There is a \$3.00 fee due with this application. There is a \$5.00 replacement fee for ALL lost SmartCards™.

**▶ Step 1:** After reading our Computer Use Policy, please fill out one of the boxes below:

•		
Age 17 and Over Agreement		
I understand and agree to abide by the Albuquerque/Bernalillo County Library System's <b>Computer Use Policy</b> and to comply with all posted rules. I also agree to restrict the use of this card to my personal use and to immediately report its loss to the Library Staff. I understand that there will be a fee charged for a replacement card and that the Library accepts no responsibility for SmartCards™ lost or left in library equipment. I also understand that if I choose to save favorite bookmarks, there is no assurance of confidentiality.		
Name [please print]		
Please select a Personal Password [4-8 letters or numbers, Case Sensitive]		
Signature Today's Date		
OR		
Required Parental Permission for Users under Age 17		
As the parent or legal guardian of the minor child (under age 17), I have read and agree to the Albuquerque/Bernalillo County Library System's Computer Use Policy. I also agree to restrict the use of this card to my child's use and to immediately report its loss to the Library Staff. I accept responsibility and agree to allow my child (under age 17) to use the Internet according to the level I indicate on this form. I understand that there will be a fee charged for a replacement card and that the Library accepts no responsibility for SmartCards <sup>TM</sup> lost or left in library equipment. I also understand that there is no assurance of confidentiality if my child saves favorite bookmarks.		
Computer User's Name [please print]		
Parent/Guardian Name [please print]		
Please select a Personal Password [4-8 letters or numbers, Case Sensitive]		
Signature of Parent/Guardian		
Signature of Computer User Today's Date		
<b>Fee Waiver Request:</b> I request a waiver of the \$3.00 SmartCard™ fee for my child, who qualifies for the free lunch program at School.		
→ <b>Step 2:</b> I select for myself? my child? the following level of Internet access on the Albuquerque/Bernalillo County Library System's computers:		
Level 1 – Safe Harbor ? Level 3 – Least Restricted Access ? Level 2 – Most Restricted Access ? Level 4 - Open Access ?		
Printing costs .15/page. Funds <i>must</i> be added to the SmartCard in order to print.  Do you want to add funds for printing costs? Yes No How much?  (\$1.00 increments only)		
→ Step 3: Save favorite bookmarks on my SmartCard™: yes? no ?		
Card # 29075  Replaced Card SMARTCARD ONLY  \$ Added SMARTCARD ONLY		